



**Maine Bureau of Highway Safety  
Technician Mentoring Program  
Completion Evaluation  
-TECHNICIAN MENTOR-**

Technician Mentee Name:
Technician Mentee Certification Number:
Program Start Date:
Scenario Selected:

You are being asked to provide feedback about your experiences with and thoughts about the Maine Bureau of Highway Safety Technician Mentoring Program. Your input will help us continually develop a stronger more meaningful program. Please submit your completed evaluation to the CPS Coordinator at the Bureau of Highway Safety at the following address:

**Maine Bureau of Highway Safety  
Attention: CPS Coordinator  
45 Commerce Drive, Suite 1  
Augusta, ME 04333-0164**

Based on your technician interactions do you believe the Program is effective, please explain?
What aspects of the Program do you feel needs improvement, please provide examples and recommendations.
Was the Technician Mentee interested and involved in participating in the Program, please explain?
What is one thing you would change about the Program if possible?
What is one thing you feel your Mentee needs to work on?
Based on your overall experience, would you consider being a mentor in the future?
Please offer any additional thoughts...